PATENT APPLICATION FEE DETERMINATION RECOI Effective December 29, 1999									09/545336					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAI TYP		ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED			NUMBER EXTRA		RAT	E	FEE	1	RATE	FEE	
ВА	SIC FEE								345.00	OR		690.00		
TOTAL CLAIMS			2	minus 2	20=		X\$ 9	=	_	OR	X\$18≐			
IND	EPENDENT CL	AIMS	2	minus	3 =	•	X39:	=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT								+130	_	~	OR	+260=		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2								۱L /	415-	OR	TOTAL		
CLAIMS AS AMENDED - PART II									,		.	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							(Column 3)	SMAI			OR	SMALL	ENTITY	
AMENDMENT A		REM Al	IAINING FTER NDMENT		PR	HIGHEST HUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**	<u> 20</u>	=	X\$ 9	=		OR	X\$18=		
AME	Independent	* NTATIO	SN OF MI	Minus	***	ENT CLAIM	=	X39=	=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									=		OR	+260=		
									TAL EE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)									1		•			
AMENDMENT B		REM A	LAIMS IAINING FTER NDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	•	Minus	**		= ·	X\$ 9	= }		: OR	X\$18=		
	Independent	*		Minus	***		=	X39=	_		OR	X78=		
	FIRST PRESE	PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_					
. •								+130			OR	+260= TOTAL		
I.								ADDIT. F			OR	ADDIT. FEE		
1			umn 1) _AIMS			olumn 2) HGHEST	(Column 3)				1 1			
MENT C		· REM	AAINING FTER NDMENT		PA	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**		=	X\$ 9:	= -		OR	X\$18=		
	Independent	* .		Minus	***		=	X39=				X78=		
7	FIRST PRESE	NTATI	ON OF MU	JLTIPLE DEP	PEND	ENT CLAIM					OR			
	If the entry in colur	nn 1 ie	loss than th	ne entry in colu	mn o	write "O" in co	olumn 3	+130			OR	+260=		
***	If the "Highest Nur If the "Highest Nur If the "Highest Nur The "Highest Nur	mber Pr mber Pr	reviously Pa reviously Pa	aid For" IN THIS aid For" IN THI	S SPA	CE is less that CE is less that	an 20, enter "20." an 3, enter "3."	TOT ADDIT. F	EE	propriate box		TOTAL ADDIT. FEE lumn 1.		

Application or Docket Number